



APPLICATION FOR SITE PLAN REVIEW

Department of Safety and Inspections (DSI)
375 Jackson Street, Suite 220
Saint Paul MN 55101-1806
651-266-9008

STAFF USE ONLY

SPR # _____

Fee \$ _____

Staff meeting date: _____

City agent _____

APPLICANT

Name _____ Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

OWNER

(If different than applicant)

Name _____ Company _____

Address _____ Phone _____

PROJECT

Project name / description _____

Project address / Location _____

Legal description of the property : _____

Applicant's signature _____ Date _____

STAFF USE ONLY

Type Site Plan Sub _____ Work _____ S.F. _____

Folder Name _____

Reviewed by _____

Comments:

(attach additional sheets if necessary)

Bond/letter of credit/escrow \$ _____ Date _____

Site plan approved by _____ Date _____

Work approved by _____ Date _____

This form and other information about site plan review are available at www.stpaul.gov/dsi. Click on Zoning, and then click on Site Plan Review.